

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/517839

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

\$ 100

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Discretion

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

10 REASON:



Overpayment

Treasury Check



Credit Deposit A/C #:

Duplicate Payment

9 02-2448

No Fee Due (Explanation):

REFUND COMPLETED  
PCT NATIONAL DIVISION

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: JAMALA Holland

TITLE: Paralegal

SIGNATURE: J. Holland

PHONE: 703-308-9140

OFFICE: PCT

X209

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: